

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044266

1. Entity Name
ZEBRA AUTO GLASS INC.

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90010 025 ***150.00

Principal Place of Business
14980-202 VISTA VIEW WAY
FORT MYERS FL 33919

Mailing Address
14980-202 VISTA VIEW WAY
FORT MYERS FL 33919

001174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2757 meadow Ln
Suite, Apt. #, etc.

3. Mailing Address

2757 meadow Ln
Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number
651013389

Applied For
Not Applicable

Zip
33901

Country
Lee

Zip
33901

Country
Lee

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, GERALD M
14980-202 VISTA VIEW WAY
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Tabatha L Hipp

Street Address (P.O. Box Number is Not Acceptable)
206 Lincoln Blvd

City
Lehigh Acres FL Zip Code
33936

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P MILLER, GERALD M
14980-202 VISTA VIEW WAY
FORT MYERS FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Tabatha L Hipp
206 Lincoln Blvd
Lehigh Acres FL 33936 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tabatha L Hipp 53001 9414814000
Date Daytime Phone #

CR2E034 (10/00)